

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2							52	1					
3							53	1					
4							54	1					
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24	1						74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36	1						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42	1						92						
43	1						93						
44		1					94						
45	1	1					95						
46		1					96						
47	1	1					97						
48		1					98						
49	1						99						
50	1						100						
TOTAL IND.	16	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	38	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	64						TOTAL CLAIMS						